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STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

CALIFORNIA.

Tuberculosis—Notification of Cases—Control of. (Reg. Bd. of H., Apr. 1, 1916.)

RULE 1. Notification.—Any person in attendance on a case of tuberculosis, or a case suspected of being tuberculosis, shall report the case immediately to the local health authority, who shall in turn report at least weekly, on the prescribed form, to the secretary of the State board of health all cases so reported to him.

Note 1.—In the absence of local rules permitting notification by telephone, the report to the local health authority shall be in writing. In addition to the required notification physicians are expected to fill out and transmit the special data card of the State board of health whenever requested by the local authority.

Note 2.—Any physician in attendance on a case of tuberculosis who fails promptly to report the case to the local health authority is guilty of a misdemeanor, punishable by a fine of not less than \$25 nor more than \$500, or by imprisonment for a term of not more than 90 days, or by both such fine and imprisonment. (See public health act, statutes of 1907, p. 893, secs. 16 and 21.)

RULE 2. Records of individual cases of tuberculosis shall not be kept so that they are accessible to the public, and special care shall be taken to protect the privacy of these records.

Note 1.—The special data card should not be mailed as a postal card, but should be inclosed in an envelope.

Note 2.—The State laws do not require that all official records must be accessible to any one who demands to see them. Attempts may be made by patent-medicine sellers or others to gain access to the individual tuberculosis records and secure the names and addresses. This must always be prevented. The information in these records is only for the use of the health officials and for statistical tabulation. Health officers are instructed to refuse access to these records unless the right to see the particular record has been established by process of law.

RULE 3. Diagnosis.—The local health authority may require the submission of specimens of sputum from cases of tuberculosis, or cases suspected of being tuberculosis, for the purpose of examination by a State or municipal laboratory. It shall be the duty of every physician attending a case of tuberculosis to submit samples of sputum for examination when required to do so by the local health authority.

Note.—Examinations of sputum for tuberculosis will be made without charge by the bureau of communicable diseases, at the State hygienic laboratory in Berkeley, or the branch laboratories in Los Angeles, Fresno, and Sacramento, for all communities except cities having a population of over 25,000. It is expected that these larger cities will provide adequate laboratory facilities. (See directions for sending material to the laboratory.)

RULE 4. Instructions to household.—It shall be the duty of the physician in attendance on a person having tuberculosis, or suspected of having tuberculosis, to instruct the patient and the other members of the household in precautionary measures for preventing the spread of tuberculosis.

Note.—The following instructions are required by rule 4 in cases of active pulmonary tuberculosis:

1. The patient shall destroy all his sputum by burning. He should spit only into a paper sputum cup or pocket cuspidor, and when these are filled he should burn them.

2. He should hold a cheesecloth handkerchief in front of his mouth when he coughs, so as to prevent minute particles of sputum "loaded" with tubercle bacilli from being sprayed about the room. He should never spit into this cloth, but should use a sputum cup or pocket cuspidor. When soiled, the cloth should be burned. It should not be used for more than one day. After handling a cloth or other object soiled with sputum the hands should be thoroughly washed with soap and water.

3. He should never cough into his bare hand, and he should wash his hands frequently.
4. The patient should have his own private drinking and eating utensils. They should be washed and dried by themselves, and boiled if they are ever returned to the common supply.
5. Remnants of the patient's food should be destroyed.
6. He should put nothing into his mouth except food, drink, his thermometer, and his toothbrush.
7. He should sleep alone.
8. He should live in a house effectively screened against flies, and flies should never be permitted to have access to his sputum.
9. When the patient's washable clothing, bed linen, and towels have been soiled with sputum, or where conditions are such that gross infection is probable, they should be boiled or otherwise disinfected before being sent to a public laundry. Disinfection can be brought about by soaking for one hour in 5 per cent phenol (carbolic acid) or 10 per cent formalin. In cases where the consumptive has been careful such extreme precautions are usually not needed. In case of doubt the health officer should decide.
10. Any objects accidentally soiled by sputum should be disinfected and then cleansed.
11. The patient should avoid contacts capable of transferring the infection, such as kissing, or playing with babies and small children.
12. He should spend as much time as possible out of doors, not only because of the beneficial effect of fresh air, but also because the danger of infecting others out of doors is less than in the house. Sunshine and drying gradually kill the tubercle bacilli.
13. The booklet "What you should know about tuberculosis" can be obtained from the bureau of tuberculosis, State board of health, Sacramento, and should be in every household containing a consumptive.

RULE 5. Investigation of case.—Upon being notified of a case of tuberculosis, or a case suspected of being tuberculosis, the local health authority shall make an investigation and shall determine that the instructions specified in rule 4 are understood and observed, and in the event of their nonobservance shall take proper legal steps for their enforcement.

Note 1.—In conducting the investigation prescribed in rule 5, it is advised that the information required by the special data card of the State board of health be obtained, and that special inquiry be made regarding the danger of spread of the infection through occupation or because of conditions within the household.

Note 2.—Persons having open pulmonary tuberculosis should not be engaged in the preparation or serving of food. They should not be allowed to teach or care for young children. This applies only to "open" cases.

Note 3.—As far as possible the curable cases should be induced to undergo systematic care under the supervision of a competent physician in a public or private institution in order that the lesions may heal and the expulsion of infectious sputum may be stopped. Advanced cases should be cared for in proper public or private institutions, as far as possible, as they are liable to spread the disease to children and others in their households. Under the State subsidy the county hospitals are providing more and better care for the tuberculous.

Note 4.—The family physician and the health officer should pay special attention to detecting beginning cases of tuberculosis in the consumptive's family. Attention to the other members of the family will often lead to the detection of cases in their early stages and permit treatment while the case is still easily curable. Every case cured or arrested is one more focus of infection removed.

RULE 6. Termination of a case.—When a consumptive recovers or dies or moves outside the jurisdiction of the local health authority, the attending physician or, in the absence of an attending physician, a responsible member of the household shall notify the local health authority. If departure to the jurisdiction of another health authority is contemplated, the State board of health shall be notified, by the local health authority, of the name of the patient and his destination.

RULE 7. Disinfection.—When the rooms of a consumptive are vacated they shall be thoroughly cleansed before being occupied by another person, and such additional disinfection shall be performed by the owner or occupant as may be found necessary by the local health officer.

Note.—The principal danger of transfer of infection from the sick to the well lies in frequent proximity of a susceptible person to a careless consumptive. There is, however, some danger from objects which have been recently soiled with sputum, and therefore the premises must be properly taken care of. After a careful consumptive has occupied a room little needs to be done to it more than a thorough cleansing. The methods of cleansing and disinfecting will be discussed under "directions for disinfection."